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AIDAC

AID/W FOR AFR/SA MAJORIE COPSON, GH ADMIRAL ZEIMER, RENE SALGADO,
RICHARD GREENE; AF/S FOR MATT SHIELDS; PASS TO CDC FOR KATHERINE
TAN, BOB WIRTZ

E.O. 12958: N/A

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SUBJECT: ZAMBIA'S SIGNIFICANT PROGRESS FIGHTING MALARIA THROUGH THE
PRESIDENT'S MALARIA INITIATIVE

1.Summary: The success of Zambia's scaled up malaria control efforts, together with their accurately measured impact, has drawn international attention. Since 2006, malaria parasitic prevalence in children dropped 54% and anemia in children under five, a common indicator of malaria, dropped 62%. While the attention is welcome, it also raises the bar as Zambia and its partners work to continue to roll out interventions to more of the country. Long-term funding by the government and donors and sustained political will must continue if the goals of malaria control and eventual elimination are to be achieved. End Summary.

¶2. Zambia became a focus country under the President's Malaria Initiative (PMI) in December 2006. In Zambia, USAID has provided over \$38 million in malaria funding since FY 2007, including \$14.9 million for FY 2008. PMI funding for FY 2009 is approximately \$14.7 million. The country has a very strong National Malaria Control Program and an effective in-country partnership upon which PMI builds. Other important partners include the Global Fund, World Bank, the Gates-funded Malaria Control and Evaluation Partnership in Africa (MACEPA), WHO, Clinton Foundation, faith-based organizations and UNICEF.

¶3. Most of Zambia's 12 million people are at risk for malaria. The risk is higher during the rainy season (Nov-Mar) in many parts of the country. The number of malaria cases reported declined in 2008. However, malaria still accounts for 45% of outpatient visits, 45% of hospital admissions, 47% of overall disease burden among pregnant women, and 50% of disease burden among children under-five years of age. Malaria also has a serious economic impact on Zambia, accounting for 6.8 million Disability Adjusted Life Years, or DALYS, lost. This is higher than the losses due to acute respiratory infections (5.4 million) or HIV/AIDS (3.2 million). The high morbidity levels contribute to decreased productivity through absenteeism and lowered output.

Recent results

¶4. Zambia uses four core proven prevention and treatment measures to achieve the PMI planned goals of 85% coverage in these measures and a 50% decrease in mortality due to malaria. These approaches are: indoor residual spraying (IRS), distribution of insecticide treated bed nets, provision of rapid diagnostic testing, and effective therapy and preventive treatment of pregnant women.

¶5. Indoor residual spraying: The Government of Zambia reestablished its IRS program in 2003 after a hiatus of thirty years. The IRS program builds on the successful intervention by Konkola Copper Mines (KCM), which began in 2001. The KCM program significantly reduced morbidity and mortality in mining towns in the Copperbelt Province, providing much of the evidence for the MOH and the NMCC to reinstate a broader IRS program in Zambia. Currently Zambia uses the highly effective insecticides DDT and pyrethroids. Strict human health and environmental safeguards are in place to comply with the Environmental Council of Zambia, WHO and USAID regulations and guidelines. With PMI support, in 2008 the Government of Zambia (GRZ) sprayed over 760,000 homes, representing 95% of targeted homes and protecting approximately 4.2 million people in 15 districts

across Zambia.

¶16. Since PMI's inception in Zambia the program has purchased and distributed nearly one million insecticide treated bednets (ITN) to protect Zambians while they sleep. PMI, working through partner organizations, distributes ITNs nationwide through antenatal clinics, and in the Northwestern Province through a mass distribution campaign.

¶17. In support of the diagnosis and effective treatment of malaria patients, since 2008 PMI has purchased and distributed 253,000 courses of Coartem (artemether-lumefantrine combination therapy), a highly effective malaria treatment, and over 1.6 million rapid diagnostic kits to assure that patients are properly diagnosed.

¶18. PMI funds have trained health care workers and raised public awareness on the importance of prenatal care and intermittent preventive therapy with Fansidar (sulfadoxine-pyrimethamine) during pregnancy to prevent malaria's negative impacts on both the mother and her baby. These impacts include maternal anemia, spontaneous abortion, low birth weight (a major risk factor for death during the first month of life) and still birth. More than 60% of pregnant women throughout Zambia have received two or more doses of the preventive medicine.

¶19. In addition to these malaria control measures, PMI uses a nationwide information education campaign with community components to engage the public on the importance of utilizing Zambia's malaria control interventions. PMI also supports the government's malaria monitoring and evaluation program which provides data on malaria rates.

¶10. These scaled-up malaria control measures have had a dramatic impact on malaria in Zambia. The Zambia Malaria Indicator Survey (MIS) was conducted in 2006 and 2008. The PMI-supported 2008 MIS surveyed over 4,400 homes and tested children under five years for malaria and anemia. The changes between the two surveys indicate remarkable progress in the past two years: 1) parasite prevalence in under fives, measured by a rapid diagnostic test, decreased by 54% from 22% to 10%; 2) severe anemia in under fives decreased by 62% from 13% to 5%; 3) the proportion of under fives who slept under an insecticide treated net increased by 66% from 23% to 38%, among pregnant women the proportion increased by 69% from 24% to 40%; and 4) the number of houses sprayed with IRS in past 12 months increased 58% from 27% to 43%.

¶11. Zambia's scaled-up malaria control efforts and their accurately measured impact have drawn international attention. While this attention has been welcome, it also raises the bar as Zambia and its partners work to continue to roll out interventions including IRS and ITNs to more remote parts of the country. The GRZ continues to prioritize malaria and is in the process of preparing a Round Nine Global Fund proposal for malaria. The World Bank continues to fund malaria programs in Zambia and plans to do so through at least 2011. Long-term funding by the government and donors and sustained political will must continue if the goal of eliminating malaria as a public health threat is to be achieved.

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